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CONFIRMATION NO. 5172

<b>SERIAL NUMBER</b> 10/628,692	<b>FILING OR 371(c) DATE</b> 07/28/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> CRM-P15F/P	
<b>APPLICANTS</b> <i>RAN</i> Brent L. Atkinson, Lakewood, CO; Tracey S. Hanks, Denver, CO;					
<b>** CONTINUING DATA *****</b> <i>RAN</i> This appln claims benefit of 60/399,851 07/31/2002					
<b>** FOREIGN APPLICATIONS *****</b> <i>RAN</i> <i>none</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 10/23/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> DENTSPLY INTERNATIONAL INC. 570 West College Avenue York, PA18405-0872					
<b>TITLE</b> Bone repair putty					
<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		